

Fairfax County Park Authority
Leisure & Wellness Branch
Park Services Division
12055 Government Center Parkway, Suite 425
Fairfax, VA 22035-1118
(703) 324-8680

INSTRUCTOR - SUPPLEMENTAL APPLICATION

Applicant's Name _____ Date: _____
Phone Numbers _____ Email: _____

1. **Format:** Are you interested in teaching (check one or both). . .
☐ Classes ☐ Camps

2. **Instructional Area:** What type of classes/camps do you want to teach? (check boxes)
☐ Aquatics/Swimming ☐ Martial Arts/Self Defense
☐ Dance (ballet, swing, etc.) ☐ Performing Arts (drama, music)
☐ Exercise & Fitness (aerobics, Tai Chi, running) ☐ Pet classes (obedience, etc.)
☐ Fine Arts & Crafts (art, drawing, photography, etc.) ☐ Sports (tennis, soccer,
Other: _____ basketball, gymnastics, etc.)

Specifically, what do you teach? _____

3. **Skill Level:** Which skill levels are you qualified to teach?
☐ Beginner ☐ Intermediate ☐ Advanced ☐ Train other instructors

4. **Ages:** What age groups do you wish to teach? (Check all that apply)
☐ Tots (ages 0-5) ☐ Adults (18 and up)
☐ Children (ages 6-12) ☐ Senior adults (age 50 +)
☐ Teens (ages 13-17)

5. **Location:** In what area of Fairfax County would you like to teach?
☐ Alexandria/Mt.Vernon ☐ Burke/Springfield ☐ Great Falls/McLean
☐ Fairfax ☐ Centreville / Chantilly ☐ Annandale
☐ Falls Church ☐ Herndon/Reston ☐ Other _____

6. **Days & Times:** What days and hours are you available to teach? (Check all that apply)

<u>Day of Week</u>	<u>Time of Day</u>			<u>Notes</u>
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	_____.

7. **Equipment:** List any equipment, supplies, and facilities you require to teach.

8. **Participant Experience:** Describe your experience as a player or participant.

9. **Teaching Experience:** Describe your teaching experience in your instructional area.

10. **Credentials:** List any certifications, credentials that you hold or trainings your have attended related to your teaching field.

11. **CPR/First Aid:** Are you certified in CPR? ☐ Yes ☐ No Valid through _____

First Aid? ☐ Yes ☐ No Valid through _____

*Camp Instructors must have valid certifications.

QUESTIONS

12. How would teach a class in which students are at different ability levels?

13. How would you handle and resolve a student complaint about your class?

14. If you reported to teach as scheduled and you were told by facility (ie. school) personnel on site that you could not use the space because of a school activity, what would you do?

15. What would you do if you had a student with a physical or emotional disability?

LESSON PLANS

Please attach sample lesson plans for the classes that you would like to teach as follows:

- 1) Outline of general topics to be covered for each session of an 8-week, one-hour class or a 1-week, three-hour camp (depending on what you are applying for)
- 2) A detailed outline of one of those one-hour classes (or three-hour camp), showing what you would accomplish, including drills, techniques, etc.)

The Instructor Hiring Process

Applications are screened centrally at our headquarters and made available to all staff who make hiring decisions for school-based classes, community and RECenter locations throughout the county. We prefer to receive your application and other forms **as email attachments** so that they may be viewed by other staff that may wish to speak with you about your skills (fax or mailed applications are accepted however). Electronic applications allow our site program staff to quickly locate potential instructors in specific class areas. This means that you may not receive an immediate response to your submission, but your information is being made available to those in positions to hire.

Please return your :

- 1) Application***
- 2) Resume***
- 3) Daily lesson plan and week-long/quarter-long lesson plan as email attachments to:***

instructors@fairfaxcounty.gov

or fax to:

Jennifer Braun, Program Specialist
Fairfax County Park Authority - Leisure & Wellness Branch
12055 Government Center Pkwy., Suite 425
Fairfax, VA 22035-1118

Fax: (703) 324-3976